

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

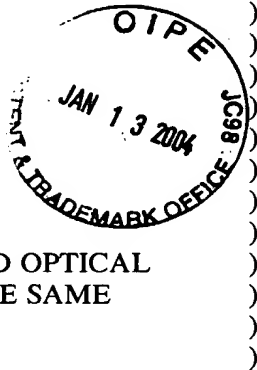
In re Patent Application of

Xuelu ZOU et al.

Application No.: 09/893,958

Filed June 29, 2001

For: OPTICAL GLASS AND OPTICAL
PRODUCT USING THE SAME



MAIL STOP AFTER FINAL

Group Art Unit: 1755

Examiner: Elizabeth A. Bolder

Confirmation No.: 6091

RECEIVED
JAN 16 2004
TC 1700

NOTICE OF APPEAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

All finally rejected claims in the decision of the Primary Examiner dated July 15, 2003 are hereby appealed to the Board of Patent Appeals and Interferences.

- ☐ The Appeal fee was previously paid on _____.
Therefore, no Appeal fee is now required.
- ☒ Enclosed is the Appeal fee of ☐ \$165.00 (2401) ☒ \$330.00 (1401).
- ☐ Please charge the Appeal fee of ☐ \$165.00 (2401) ☐ \$330.00 (1401) to Deposit Account No. 02-4800.
- ☐ Small entity status is hereby claimed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

01/14/2004 CNGUYEN 00000036 09893958

02 FC:1401

330.00 0P

Date: January 13, 2004

By:

George F. Lesmes
Registration No. 19,995

P.O. Box 1404
Alexandria, Virginia 22313-1404
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- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'L FEE
Total Claims	55	MINUS 68 =	0	× \$18.00 (1202) =	0.00
Independent Claims	6	MINUS 10 =	0	× \$86.00 (1201) =	0.00
If Amendment adds multiple dependent claims, add \$290.00 (1203)					0.00
Total Claim Amendment Fee					0.00
If small entity status is claimed, subtract 50% of Total Claim Amendment Fee					0.00
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					0.00

☐ A check in the amount of \$_____ is enclosed for the fee due.

☐ Charge \$_____ to Deposit Account No. 02-4800.

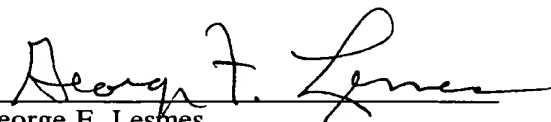
The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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